

Program Committee Meeting

January 10, 1967

Present: Dr. Smith, presiding; Mr. Nelson; Mr. Madow; Mr. Kroska; Mrs. Gates;  
Mr. Sidinger

Skinner

Dr. Smith reported that Skinner is wondering about the relationship of the physicians to MDTA patients. This was in all the minutes that the same physician provides continuity of care, and it was also extended in the Independent Living Sub-Committee Meeting Dr. Smith, unless health matters seriously involves the patient or the group. The Committee agreed to this.

Admissions

Br. Smith reported that if Medicaid should apply here, a person has to be in the hospital three days before being put into a rest home or building before he can be reimbursed. He thought this would complicate matters with admissions. The Committee discussed whether it would be a problem if the patients were admitted directly to the building because of transporting patients back and forth to the hospital for tests. It was suggested that the tests could maybe take place in one day, and there would be less transporting, but they have to go at least twice so their Mantoux can be read, and for further lab tests, etc.

It was suggested that when a patient is admitted, he should be assigned to a Unit to meet the family for mutual information, and have them examine and evaluate the patient. He would then be presented to case conference as usual for verification of diagnosis and placement and further suggestions to the team in addition to general discussion by the conference group of the particular problems presented by the patient and possible involvement of other teams.

Dr. Smith reminded the meeting that Dr. Vail wanted us to approximate standard Unit procedures used nationally and that meant admitting the patient directly to the cottage, building or ward.

MR. Madow suggested we could keep the old system if we could get the hospital to make patient assignment faster. Mr. Nelson suggested that we could make the patient's stay in the hospital more pleasant by making conditions in the hospital more personalized for example, relatives accompany them to their room.

Dr. Smith read a memo from Mr. Hormel to Dr. Engberg asking if there was any way to keep the patients only in the Canteen area in Roger's Memorial Building when they went to the Canteen. The Committee discussed locking different doors and putting gates in the hallways, but they did not know exactly which ways the doors locked. Mr. Kroska will check into this and report at the next meeting.

Br. Smith asked what kind of program the Committee suggests for the new dormitory, and it was agreed that smaller dormitory and day room spaces be provided and if possible, install rest room facilities in the area where there is a kitchen in Linden.

Marilyn Meese, Recorder

cc. Br. Engberg

Unit Program Directors  
Program Committee Members